**COMMISSION FOR MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES**

Commission Minutes

**Clarion Hotel
320 Hillsborough Street
Raleigh, NC 27603**

Thursday, August 21, 2008

Attending:
Commission Members: John R. Corne, Diana J. Antonacci, M.D., Richard Brunstetter, M.D., Laura C. Coker, Dorothy Rose Crawford, Judith A. Dempsey, Sandra C. DuPuy, Pearl Finch, Mazie Fleetwood, Thomas Fleetwood, Ranota T. Hall, M.D., Michael J. Hennike, Ellen Holliman, Martha Martinat, Connie Mele, Phillip A. Mooring, Dorothy O'Neal, Stanley Oathout, Greg Olley, Ph.D., John Owen, Larry Pittman, Pamela Poteat, Jerry Ratley, Anna Marie Scheyett, Ph.D., William Sims, M.D., Don Trobaugh

Excused Members: Marvin Swartz, M.D., Elizabeth MacMichael

Ex-Officio Committee Members: Ellen Russell, Peggy Balak, Martha Brock, Bob Hedrick

Division Staff: Leza Wainwright, Michael Lancaster, M.D., Steven Hairston, W. Denise Baker, Marta T. Hester, Andrea Borden, Tonya Goode, Jim Jarrard, William Bronson, Glenda Stokes, Michelle Edelen

Others: Erin McLaughlin, Paula Cox Fishman, Amanda Reeder, Louise Fisher, Gene Rodgers, Eric Gabriel, Joe Donovan, Ann Rodriguez, Diane Pomper, Mike Vicario, Mimi Harrington, Floyd McCullouch, Jean Reaves, John L. Crawford

Handouts:
1. SFY 08-09 Budget Options
2. DMH/DD/SAS Areas of Concentration for SFY 2008-2009

Mailed Packet:
1. August 21, 2008 Commission Meeting Agenda
2. Draft May 15, 2008 Commission Minutes
3. Draft July 9, 2008 Rules Committee Minutes
4. Draft July 9, 2008 Advisory Committee Minutes
5. August 21, 2008 Commission Meeting Information
   - Proposed Amendment of 10A NCAC 28C .0201 – State Facility Environment
   - Proposed Amendment of 10A NCAC 26C .0100 – Designation of Facilities for the Custody and Treatment of Involuntary Clients
   - Proposed Amendment of 10A NCAC 27G .0600 – Area Authority or County Program Monitoring of Facilities and Services

Call to Order
Dorothy Crawford, Commission member, called the meeting to order at 9:34am and Jerry Ratley, Commission member, delivered the Invocation.

Introduction and Welcome

Ms. Crawford extended a special welcome to the new members and continued with the introductions of the Commission members, staff from the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (NC DMH/DD/SAS) and the public.

Ethics Reminder

Ms. Crawford issued the ethics reminder. Pamela Poteat, Commission member, announced that she had been appointed as Chair of the Pathways Local Management Entity (LME) Board and would recuse herself as needed. Mazie T. Fleetwood and Ellen Holliman, Commission members, recused themselves from the contested case hearing to take place in the afternoon session. John Owen recused himself from any vote related to the SB163 rules.

Don Trobaugh, recent appointee to the Commission, expressed frustration that his Statement of Economic Interest (SEI) had not been evaluated coupled with its impact upon his participation during today's meeting. Specifically, he expressed concern that it impedes his ability to vote on matters before the Commission as well as his participation in the contested case discussion despite his having prepared for the meeting. He asked if someone had the ability to contact the Ethics Commission and hasten its review of his SEI. Denise Baker informed him that the Ethics Commission had been contacted but his form had not yet been evaluated, that his ability to vote on matters before the Commission hinged upon its completion, and noted that the Ethics Commission had no ability to expedite review of his form to permit his vote on matters today. Larry Pittman, recent appointee, noted that the letter of appointment indicated that completion of the appointment was contingent upon evaluation of the SEI by the Ethics Commission. Leza Wainwright agreed to share Mr. Trobaugh's concerns with his appointing body.

Approval of Minutes

Upon motion, second, and unanimous vote, the Commission approved the minutes of the May 15, 2008 Commission meeting.

Director's Report

Leza Wainwright, Co-Director, NC DMH/DD/SAS, discussed the highlights from the legislative session regarding mental health, developmental disabilities and substance abuse services, which included:

- There was a reduction of $107 million related to mh/dd/sas which primarily came from a reduction in the Medicaid budget related to community support and involved state funds.

- In terms of expansion items, increased funding for mh/dd/sas involved a net increase of almost $59 million with the largest single area of increase involving crisis services funds.

- The Division received 107 additional positions for the three state psychiatric hospitals. The Division received additional positions for the central office, state operated services, and some institutions. The Division increased dollars for recruitment and workforce development to try and hire sufficient numbers of clinical staff in the community and at the state hospital and then work to improve the skills of the individuals currently working in our facilities.

- The General Assembly continued its support of increasing housing resources for individuals with disabilities.

- There was approximately a $6.7 million increase for the Community Alternatives Program For Persons With Mental Retardation and Other Developmental Disabilities (CAP/MR-DD) waiver slots.

- There was a directive from the Secretary and a General Statute change regarding reporting all deaths in the state facilities to the medical examiner's office. To assist with this directive, there is some increased funding to the Local Management Entities (LME's) to handle the additional work load.

- Ms. Wainwright stated that the Governor had asked for $17.6 million recurring funds to pay for inpatient care in community hospitals that have psychiatric inpatient units and those dollars would pay for indigent care. The goal through the crisis committee was to try and incentivize the creation of 187 new beds. The General Assembly funded that item at $8 million, which should be sufficient to fund about 75 beds.

Ms. Wainwright further discussed a handout (DMH/DD/SAS Areas of Concentration for SFY 2008-2009) that focused on areas that the Division is going to concentrate on with the LMEs and the special provisions that the General Assembly put in the Appropriations Act. These items are listed as follows:

- **Item #10.8** (Ticket to Work) is a special provision in the Medicaid regulations that allows someone with a disability who is on Medicaid and is then able to get employment to pay a premium and keep their Medicaid coverage for a period of time. In the area of substance abuse, the Division did not get any new money, but the General Assembly did authorize the Division to redistribute $2 million of the existing substance abuse dollars that weren't being spent and further develop CASP (Cross Area Service Program).

- **Item #10.15(f)** requires the Division to work with the LMEs to develop a state wide analysis of what the gaps are in services across our system.

- **Item #10.15(p)** is on the tiered CAP/MR-DD waiver. The Division at this time has a one size fits all comprehensive CAP/MR-DD waiver; however, the General Assembly asked the Division last year to look into developing tiered waivers.

- **Item 10.15(A)c** (National Accreditation Benchmarks) it is now in statute that providers become nationally accredited, either by approval of a Medicaid state plan, a Medicaid waiver or through a contract. There are now established benchmarks for the progress that those providers must make in achieving that accreditation requirement. A provider that does not meet that benchmark will no longer be enrolled in the Medicaid program or eligible to contract for state funded services.

- **Item #10.15(x),** the General Assembly has directed that by July 1, 2009, LMEs representing a total of thirty percent of the state's population should be performing the utilization review function for the Medicaid program.

Ms. Wainwright received the following questions and comments from Commission members:

- Dr. William Sims, Commission Member, asked how many programs are in trouble as it relates to the national accreditation benchmark.
  - Ms. Wainwright stated that the Division's number indicated there were concerns at the first benchmark; however, in working with the LMEs it does not appear to be as significant a problem as originally thought. Jim Jarrard, NC DMH/DD/SAS, stated that about eighty percent have met the first benchmark.

- Dr. Sims stated that he was hearing the opposite in the field and that his concern is what will happen to the consumers when these places go out of business.
  - Ms. Wainwright stated that the Division is working closely with provider communities and with LMEs around what is going to happen with transition plans for those providers who don't make the benchmarks. Ms. Wainwright further stated that for those providers who enrolled on or around March 20, 2006, for whom the national accreditation requirement kicks in March 20, 2009, there are now three benchmarks for them to meet. If a provider does not meet one of those benchmarks it gives the Division more time to try and work to transition the consumers to appropriate service providers.

- Dr. Sims asked about funding for the costs of accreditation.
  - Ms. Wainwright stated the Secretary just approved rate changes for most of the enhanced services packages to be effective October 1st. The cost of national accreditation was always included in the rate setting that the DMA did.

- John Owen, Commission Member, asked if state benchmarks are higher than the national accreditation benchmarks.
  - Ms. Wainwright responded by stating that accrediting bodies do not have benchmarks, they complete their process and accredit you at the end. The Division implemented benchmarks to gauge progress.

- Mr. Owen stated that he heard some providers were concerned about issues like having twenty-five percent qualified providers by a particular date and fifty percent service by another date.
  - Ms. Wainwright stated that there is a requirement that fifteen percent of community support services provided to a consumer be delivered by a Qualified Professional. At the agency level, twenty-five percent of all the services must be delivered by a Qualified Professional; that is the current requirement. Also passed as part of the Appropriations Act is requirement that tiered rates be implemented for community support; there would then be a rate differential such that a licensed person would be reimbursed at the highest rate followed by a non-licensed Qualified Professional, a Associate Professional, and a Paraprofessional.

  - Jim Jarrard stated that what he was hearing from the LMEs is that there is more concern of endorsement action regarding the twenty-five percent requirement than the accreditation benchmark.

Dr. Michael Lancaster, Co-Director, NC DMH/DD/SAS provided an update on Central Regional Hospital. Dr. Lancaster stated that NC Division of Health Service Regulation (DHSR) and Disability Rights North Carolina toured the facility prior to patients moving in and determined that it was safe. Dr. Lancaster stated that they moved into the hospital on July 14th and that the Division feels good about the way things are going. There have been some issues of concern; however, those issues are monitored and worked on, particularly related to information

technology. They are planning to meet the recommendations from the legislature regarding moving Dorothea Dix patients into the facility.

Dr. Lancaster stated that Broughton has been recertified by the Centers for Medicare and Medicaid Services (CMS), and has begun billing again for Medicaid. Dr. Lancaster mentioned the appeal for accreditation by Joint Commission On Accreditation Of Healthcare Organizations (JCAHO). He added that it was initially sited for 29 conditions; however, upon the appeal these were decreased to 17. In order to gain full accreditation the number needed to be 16. Dr. Lancaster stated that we were not accredited by JCAHO and have initiated the option to appeal. The biggest impact is on the nursing and psychiatry residency training programs as these can only be provided in accredited programs. The Division has worked very hard with the Wake Forest University Baptist Medical Center as well as the nursing programs to have that as a part of the training program at Broughton. He noted that Plans of Correction for Cherry Hospital will be presented to CMS for review.

Dr. Lancaster received the following questions and comments:

- Don Trobaugh, Commission Member, asked if there was a process in place to evaluate these facilities to make sure this can not happen again.
  - Dr. Lancaster stated that one of the things introduced to the legislature this year, and is in place and getting ready to go into action, is an independent team designated at the state level to go in prior to any accrediting body coming in from outside to evaluate the facility.

- Ms. Crawford, Commission Member, suggested that any Commission member who had not toured the new facility do so.

- John Owen, Commission Member, commented that he had been in state hospitals involuntarily and he had been brutally assaulted in the hospitals. Mr. Owen stated that he thought conditions had improved marginally. Mr. Owen continued by stating he felt there was a real need for a culture shift and a change of attitude in the workforce. Mr. Owen stated that he has heard that Central Regional was over crowded and this has lead to some violence on the wards. Mr. Owen also asked if the hospital was approved by JCAHO.

- Dr. Lancaster stated that Mr. Owen was correct in his statement of needing a culture change. Dr. Lancaster stated that part of the focus and part of the treatment plan that they are trying to move to has been more of a recovery oriented model.

Addressing the crowding at Central Regional Hospital, Dr Lancaster stated that part of the problem has been that they are waiting for the merger to occur. A lot of the treatment planning that they have had has been around the merger. They started the Mall program yesterday because they felt they could no longer wait. This program had been on hold because it was designed to have both units there. Dr. Lancaster stated that space is a problem there.

Dr. Lancaster stated that they had sent JCAHO all of their policies, credentialing process, medical staff bylaws, etc. Dr. Lancaster further stated that JCAHO is conducting a functional review, it's a process review. JCAHO has told them that everything on paper they have looks goods, but they didn't think it was appropriate for them to come in and do any review prior to the merger.

- John Owen, Commission Member, asked about meeting the staffing requirements for the hospitals.
  - Dr. Lancaster stated that it is critical that they have adequate staffing and supervision.
  - Leza Wainwright reminded the Commission members that the General Assembly gave the Department money for 107 new positions for the three hospitals (nurses, doctors and health care technicians).

John Corne, new Chair of the Commission, arrived at the meeting and introduced himself. Mr. Corne stated the he was a 1975 graduate of the UNC-CH Law School. Mr. Corne spent 26 years with the Attorney General's Office, has been retired for three years, and is honored and looking forward to working on the Commission.

Commission Staff Report

Steven Hairston, Chief, Operations Support, NC DMH/DD/SAS, gave a brief report on administrative matters handled by Division staff. Mr. Hairston reminded the new Commission members to schedule their Ethics training. Mr. Hairston noted that it was important for the members to sign-in for purpose of recordkeeping and discussed the procedures for hotel reservation and travel reimbursement forms. He also introduced the staff from the Division to the Commission.

Advisory Committee Report

Sandra DuPuy, Commission member, presented the Advisory Committee Report for July 9, 2008. Ms. DuPuy stated that the Advisory Committee discussed priority focus areas for the 2008-2009 year. The Committee discussed implementing the Workforce Development Initiative Plan, continued education of the Advisory Committee members on a variety of topics, ensuring more support of employment opportunities for consumers, strengthening consumer access to care (including care coordination), addressing capacity issues, ensuring consumer choice, and jail diversion. Ms. DuPuy stated that the Committee decided to focus on access to care. However, implementation of the Workforce Development Initiative Report remains a priority.

Rules Committee Report

Dr. Anna Scheyett, Chair, Rules Committee, presented the report for July 9, 2008. Dr. Scheyett stated that the rules the Committee discussed would be presented today to the Commission.

Proposed Amendment of 10A NCAC 28C .0201 – State Facility Environment

Dr. Michael Lancaster and Dr. Susan Saik, Medical Director at Central Regional Hospital, gave presentations on the proposed pilot. Dr. Lancaster stated that the proposed rule change is to eliminate smoking as a patient right. Currently, this rule requires the facility to provide adequate areas accessible to clients who wish to smoke tobacco and areas for non-smokers as requested. Dr. Lancaster stated the Rules Committee discussion led to a proposed pilot project and reporting the results back to the group prior to making a decision on the proposed rule change. Dr. Lancaster asked Dr. Saik to give the results of the pilot project that had taken place at Dorothea Dix Hospital.

Dr. Saik described the October 2002, pilot program implemented at Dorothea Dix Hospital which banned smoking on the Admissions Unit; this included adult admissions, medical unit, and forensic unit. The program was very structured and the results of the program were published. Dr. Saik stated that they felt the program was very successful. Dr. Saik further stated that the best part is that they are able direct the resources of their nursing staff, technicians and the patients to their psychiatric treatment.

Dr. Lancaster and Dr. Saik's received the following questions and comments from the Commission:

- Ms. DuPuy asked what the patients thought about the pilot program.
  - Dr. Saik responded that they had not had any complaints from the patients. She stated that they have conducted customer satisfaction surveys routinely. Dr. Saik stated that they do provide counseling; both counseling and cessation aides were provided to clients prior to the implementation. Patients are also provided with counseling about whether they would like cessation education on how to pursue smoking cessation when they leave the hospital. Dr. Saik stated that they did not have any negative reports from the patients.

- Laura Coker, Commission Member, questioned whether people in a mental hospital felt empowered enough to offer their concerns.
  - Dr. Saik stated that Advocacy does do surveys with the patients; it is part of their hospital wide pilot to have surveys go to both patients and staff. These surveys are done both confidentially and anonymously.

- Ms. Coker asked if they had consumers trained and involved in the use of the surveys.
  - Dr. Saik stated that they did. She also added that they had a Patient's Council involved in their programming, getting feedback from their peers and making recommendations about the psycho-social rehab programs.

- Dr. Scheyett asked if the Commission could get the report on the 2002 study and noted that it would have been helpful to have received it prior to the meeting. Dr. Scheyett asked if a third of Dix was under the program currently and if this was divided by units.
  - Dr. Saik stated that it was according to length of stay and that the program was rolled out to their admissions patients which cuts across different services. She also confirmed it involved approximately one-third of their patients.

- Ellen Holliman, Commission Member, commented that in July The Durham Center opened a sixteen bed crisis facility and the Area Board in Durham designated it as a smoke-free campus (staff and clients). Ms. Holliman stated that she had spoken to the Director and he had commented that there was a lot of preparation in terms of making that transition, but it had gone very well. The program included smoking cessation efforts/information. Ms. Holliman sought clarity on the vote and questioned whether it was on the rule or on the pilot program.
  - Dr. Lancaster responded that this process was a beginning of an effort to move all of our State facilities toward non-smoking until they realized this rule was in place and provided smoking as a right to the client. Dr. Lancaster said that it was apparent at the Rules Committee that it would probably be wise to present a pilot program on a broader basis since Commission members were in need of more information before making a final decision.

- Dr. Richard Brunstetter, Commission Member, questioned longer term follow-up and wondered if a significant number of people were helped to give up smoking more long-term. Dr. Brunstetter asked if long-term follow-up would be part of the pilot study program.
  - Dr. Saik stated that they do have an entire proposal on how they will assess outcomes for patients; they would like to access behavioral outcomes.

- Laurie Coker, Commission Member, asked if the group of volunteers had met and given any input about the pilot program.
  - Dr. Lancaster stated that his understanding of what they were to do was to present a framework and, if the Commission agreed with this process, then they would begin the process of involving volunteers in the development stage of the program.

- Mr. Owen raised the issue that he had seen articles that suggest that people with schizophrenia smoke at a higher rate but also benefit from it in terms of calming their minds.
  - Dr. Saik cited a published study from Yale University about nicotine improving memory and having some affect on cognition; it is hoped that the author's research can lead to discovery and use of medications that work on nicotine receptors without the use of nicotine itself. Currently, gum and nicotine patches are among alternative mechanisms used.

- Mazie Fleetwood, Commission Member, stated that almost every hospital in the state of NC is now smoke-free. Ms. Fleetwood asked if they had spoken to anyone at the University of North Carolina or Wake Forest University, places that have psychiatric units, to see how they have handled smoking at their facilities.
  - Dr. Saik commented that she had not spoken to them personally. Dr. Saik stated that they had someone from the NC Smoking Prevention Program work with them in using evidence-based methods to develop a program for a hospital to go smoke free. They also read about and reviewed information from hospitals moving toward a smoke-free environment.

- Chairman Corne stated that the Commission was there today to vote on the pilot. He also asked whether staff smoked and what the average length of stay on the admissions unit is.

  - Dr. Saik stated that staff did and that most hospitals that have gone smoke-free have actually implemented the ban for both patient and staff together. Dr. Lancaster noted the average length of stay varies but averages between seven to ten days.

- Chairman Corne stated that he thought there was a ban enacted to prohibit smoking in all state government buildings. He noted that if there was no exception to dd/mh/sa facilities, smoking is already prohibited in those buildings.
  - Dr. Lancaster noted that smoking is banned within 25-50 feet of the building.

- Ms. Coker reminded the Commission that staff gets to go home at the end of their shift and do whatever they want and that this is kind of a civil rights issue. Ms. Coker further added that she did not feel comfortable being part of a Commission that puts rule in place which takes away people rights.

- Chairman Corne stated that he did not feel you have a constitutional right to smoke and that it was a personal choice. Chairman Corne further stated that you don't have a constitutional right as to where you smoke.

- Dr. Ranota Hall, Commission member, stated that the Commission is struggling to find a balance between individual rights which you do not check at the door when you go into a state psychiatric facility versus their overall charge. Dr. Hall further stated that the reality is cigarette smoking and the second-hand smoking related to that are a public health issue that is well recognized. Dr. Hall added that the overall expectation is that our state hospitals would

promote, across the board, whether it is therapeutic intervention with patients, proper staff training, evidence-based treatment interventions, good public health prevention and intervention in every way possible. Dr. Hall stated that this also means you don't saddle up to bar when you go to the hospital because you drink an occasional beer. It is well accepted that you don't have access to alcohol; it is banned on these campuses. Dr. Hall's sense is cigarette smoking is very similar to a ban on alcohol use. Dr. Hall feels that we are trying to be sensitive to the rights of individuals who frequently do go to these hospitals involuntarily and don't get to pick and choose when they leave or when they go home on pass. Dr. Hall doesn't think this means that the state or entities such as the Commission ignore charges of looking at the overall public health needs of the consumers that we represent.

- Dr. Sims asked Dr. Scheyett what the recommendation from the Rules Committee was during its July 9th meeting. Dr. Scheyett responded that the recommendation from the Rules Committee was that they bring forward to the Commission a proposal for a pilot program so that they would have more information before making a final decision on the proposed amendment to the rule.

Upon motion, second, and majority vote, the Commission voted to proceed with the pilot study program. There was one vote opposed (Laura Coker).

Chairman Corne stated that the Division would bring back the results of the pilot program in twelve months.

Proposed Amendment of 10A NCAC 26C .0100 – Designation of Facilities – Involuntary Clients

Dr. Lancaster presented the proposed amendment of 10A NCAC 26C .0100 – Designation of Facilities for the Custody and Treatment of Involuntary Clients. Dr. Lancaster stated that this was a Secretary rule for the Commission members' information and comments. Dr. Lancaster further stated that the key pieces at this point are that the non-hospital, medical detox, facility based crisis program and inpatient hospital treatment are able to accept involuntary patients. Dr. Lancaster stated that what was added for these programs is to have adequate staffing to provide appropriate supervision to ensure protection for the individual and the general public. Dr. Lancaster stated that this was consistent with Center for Medicare and Medicaid Services (CMS) language and it is monitored by the licensing boards that look at the staffing patterns. The applications will now include staffing patterns as proposed, presence of a nurse on a 24 hour basis, and the availability of a psychiatrist or psychologist.

Dr. Lancaster received the following questions:

- Mr. Owen asked if the rule was related at all to the social detox facilities.
  - Dr. Lancaster stated this it was related to non-hospital medical detox, not the Alcohol and Drug Abuse Treatment Centers.

- Mr. Owen further asked if this affected the ability to bill for social setting detoxification.
  - Dr. Lancaster responded that it did not and that they took the social setting detox out of the picture for involuntary commitment to avoid changing the nature of the program.

Proposed Amendment of 10A NCAC 27G .0600 – Area Authority or County Program Monitoring of Facilities and Services

Jim Jarrard, Team Leader, Accountability Team and Glenda Stokes, Advocacy and Customer Service, NC DMH/DD/SAS presented the proposed amendment of 10A NCAC 27G .0600 – Area Authority or County Program Monitoring of Facilities and Services. Mr. Jarrard stated that this was a Secretary rule for the Commission member's information and comments. Mr. Jarrard stated that these rules are generally thought of as the overall monitoring rules for Local Management Entities (LMEs). Mr. Jarrard stated that these rule govern the monitoring of providers in catchment areas and that each LME has to monitor the providers within its catchment area. Mr. Jarrard stated that they have put into place a provider monitoring tool.

- Mr. Owen questioned the deletion of references to host and home LME. Mr. Owen further stated that where a client resides can be considered as the place they have been moved off into.
  - Mr. Jarrard responded that there were objections both from the provider and the LME communities not so much as to concept, but the naming of them. Mr. Jarrard stated that where they would have said home LME they have described it as saying the LME were the client resides. They have simply generalized those two terms rather than using definitions of words. Mr. Jarrard responded that the actual definition that they had previously would not have cleared this up any better since it indicates primarily where the person resides.

- A Commission member questioned a change to rule 10A NCAC 27G .0605 – LME Management of Incidents, Item No. 6 indicating that they had concerns regarding a family having to wait six months for a final report of a Level III Incident. The Commission member favored saying that in three months they had to produce a report and not to consider an extension.
  - Glenda Stokes stated the reason they had put in the six month time period if needed was due to getting autopsy reports back and they need the information for the final report.

- The Commission members asked is there was some provision that they would be kept informed of the status of this review team.
  - Ms. Stokes responded that there was no provision for this with the Internal Review Team.

- Don Trobaugh, Commission member asked if it was correct within the rule where it states reporting a death within 72 hours. Ms. Stokes stated that there is a provision for the Division to be notified verbally of a level III incident. He suggested that they might change the language to reflect Mrs. Stokes response. Ms. Stokes stated that one of the rules describes the internal review and provides information about notification. Mr. Trobaugh suggested that this language regarding notification be put within the same rule instead of separate rules.

Scheduling Controlled Substances

William Bronson, Manager, Drug Control Unit, NC DMH/DD/SAS, stated that controlled substances are scheduled on both the federal and state level based on their ability to be medically used and their potential of harm, addiction, or dependency. The federal government will schedule drugs and then the Division's Drug Control Unit will consult the NC Commission for MH/DD/SAS to have them scheduled. The schedules should be kept as consistent as possible between the federal and state level. Mr. Bronson stated that he researched what drugs had not been brought before the Commission since the federal government has taken action and there are two drugs that require review; one drug that was rescheduled by the federal government in 2002 and it is causing problems because the State had it scheduled differently than the federal government. The following recommendations for scheduling these drugs were made:

- Lisdexamfetamine into Schedule II
- Embutramide into Schedule II
- Buprenorphine from NC Schedule IV to NC Schedule III

Upon motion, second and unanimous vote the Commission approved the recommendation that these drugs be placed on the recommended schedules.

Update Criminal Justice/Department of Corrections

Connie Mele, Commission Member, gave an update on the rules regarding criminal justice. Ms. Mele stated that they have been meeting for a number of months and they are continuing to make recommendations and revisions to the rules that they will bring forward. Representatives from all disabilities attend the meetings; staff from the Department of Corrections has also participated. Ms. Mele ended her presentation by stating that the rules should be ready for presentation at the January 2009 Rules Committee meeting.

Public Comment

Joe Donovan provided positive feedback from comments he heard about Central Regional hospital.

Martha Brock, Ex-Officio Rules Committee member, stated that one of the concerns the organization that she works for has is the treatment for TBI (Traumatic Brain Injury) cases. They are concerned about the treatment of veterans who are returning from Iraq but are not getting adequate treatment in our state for the TBI. Ms. Brock stated that if you go to the web page for *Policy Watch* you will find a piece on this specific issue written by Vicky Smith, Executive Director, Disability Rights North Carolina. Ms. Brock also commented that while she felt the transfer of patients at Central Regional Hospital was going well, there is a severe problem at Cherry Hospital that she feels the Commission needs to address.

Paula Cox Fishman thanked the Commission for its work and stated that she had recently learmed that state hospitals do not provide human rights training to staff. Ms. Fishman asked that in the Commission's efforts to change the culture in the hospitals that they would make training in human rights a high priority.

Jean Reeves stated that she was a Navy veteran, her husband is a Vietnam and Beirut veteran, and she has three sons currently serving on active duty. Ms. Reeves stated that she was a veteran advocate and that there is a need to concentrate on empowering veterans and their families to know how to access the mental services we are trying to provide to this population.

Louise Fisher discussed the Walk for Hope which raises money for research and treatment for mental illness. Ms. Fisher stated that they were getting ready for the 20th walk on October 12th and extended an invitation to the Commission members to participate.

Floyd McCullouch stated that words in their entirety should be used during the meetings instead of acronyms.

There being no further business, the meeting adjourned at 12: 15 pm.

The Commission members spent the afternoon in Executive Session consulting with its attorney in rendering the Final Decision in a contested case petition.